

Statement of Mary W. Carter before the  
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**Improving Long-Term Care for Older Adults in Rural America**

Chairperson Hardy, Distinguished Members of the White House Conference on Aging Policy Committee, and honored guests:

Good afternoon. My name is Mary Carter, and I am an assistant professor of gerontology at West Virginia University's Center on Aging and Department of Community Medicine. I am honored to have this opportunity to speak with you today about viable solutions for improving the quality of long-term care for older adults residing in rural America. Although the needs for improving quality of and access to long-term care services are many, in my remarks today, I will focus on the following three key points: (1) improving the quality of nursing home care, (2) improving the range of community-based services provided to older adults, and (3) developing a long-term care research infrastructure to support innovative approaches and informed policy responses to meet the challenge of providing long-term care in the 21<sup>st</sup> Century. While these three points represent issues of importance for all elders, in my comments to you today, I will emphasize the specific needs of elders residing in rural communities.

Despite the preferences of older adults for home-based care, premature admission to and over-use of nursing homes in rural areas are common, reflecting, at least in part, the lack of alternative long-term care options, such as: home health care, respite care, nutritional services, adult day centers, senior centers, and assisted living housing options. Moreover, the scarcity of long-term care alternatives for older adults in rural areas is further exacerbated by underdeveloped economies and infrastructures, including: lack of public transportation, limited financial resources, limited medical services, poor housing quality and an under-skilled work force. Finally, out-migration of younger community members in search of employment and economic opportunity represents an additional source of difficulty in providing informal long-term care—that is, care provided without pay by family members and/or friends. Currently, there are approximately 16,500 nursing homes in operation across the United States, serving an estimated 1.5 million residents aged 65 years and older. Although approximately 25 percent of the nation's elders reside in rural communities, nearly 40 percent of elders receiving nursing home care are rurally located, and approximately one in eight nursing home residents is located in the Appalachian region. An additional 6 million older adults with long-term care needs remain in the community, of whom, more than one-fourth reside in non-metropolitan communities. It is

against this backdrop that I ask the committee to consider the following recommendations for improving long-term care in rural communities.

**Recommendation 1: Improve the quality of nursing home care.**

Although frequently considered the 'last stop' along the healthcare continuum nursing homes form a crucial link in the overall structure and delivery of healthcare services for frail elders, including: management of chronic and disabling conditions; provision of long-term social and medical supports; assistance with activities of daily living (eating, bathing, dressing, toileting, ambulating); coordination of rehabilitative services aimed at restoring independent functioning, and provision of palliative care at the end-of-life. Although the typical resident has resided in the same nursing home for a little more than two years, is approximately 84 years of age, female, widowed, and requires nursing assistance for multiple comorbidities (e.g., more than 50 percent of residents are dependent in four activity areas of daily living, and roughly 60 percent of residents have Alzheimer's disease or a related dementia), nursing homes are increasingly providing short-term rehabilitative care to older adults who will return to their home following their stay. Indeed, although less than 5 percent of older adults are in a nursing home on any given day, nearly one in three adults will be admitted to a nursing home at some point during their lives. Consequently, nursing homes typically serve diverse populations with a myriad of healthcare needs, necessitating the provision of a broad spectrum of services on a daily basis and within a single setting.

**Related Solutions:**

1. The Green House Model of nursing home care represents a unique yet sensible model to providing long-term care that is particularly appropriate for the needs of rural communities. Developing small, group homes rather than large institutions will provide nursing home and assisted living settings that:
  - are more congruent with elders' wishes,
  - will enable multiple locations in a given area rather than a single institution serving a large geographic landscape, which often prevents family involvement in care,
  - will provide improved working conditions by involving caregivers in all aspects of day-to-day household operations,
  - will improve the availability of professionally trained personnel by using clinical support teams that serve multiple sites.
2. Rurally located nursing homes often operate in isolation, serving large geographic areas, and may represent the only provider in a county or across multiple counties. Thus, market-based competition may not exist, a current focus of Federal quality improvement initiatives. Efforts to improve quality therefore must specifically target problem areas and must include broader outcome measures or quality indicators that permit the collective impact of quality performance to be gauged, including:
  - Ambulatory Care-Sensitive Hospitalizations (i.e., hospitalizations that may be potentially preventable given timely access to appropriate out-patient healthcare),
  - Adherence to best practice standards for chronic conditions, and
  - Provision of appropriate rehabilitative services.

3. The proportion of nursing home stays reimbursed by Medicaid tends to be much higher in rural communities, nearing 90 percent in some areas. Because states with large rural populations also tend to be states with less robust economies, Medicaid reimbursements are comparably low, constraining nursing home efforts to improve care, primarily because of nursing homes' inability to increase staffing ratios. Adjusting Medicaid reimbursements to reflect rural status will:
  - Improve financial security of nursing homes in rural areas,
  - Increase revenues enabling improved staffing ratios,
  - Decrease unnecessary hospitalizations,
  - Increase access to appropriate sub-acute care.

**Recommendation 2: Improving the range of community-based services provided to older adults.**

Nursing home beds are disproportionately located in rural areas, and the risk of admission to a nursing home is higher, while rate of residents discharged to their homes is lower among rurally located adults. Much of this risk can be explained by the scarcity of alternative long-term care options.

**Related Solutions:**

4. The Rural PACE (Program of All-inclusive Care for the Elderly) program, currently in demonstration, represents a successful model of community-based care that can prevent premature nursing home admission and is readily adaptable to the needs of rural communities. Developing integrated community-based services that draw upon existing resources will provide elders in rural areas with:
  - Increased access to much needed ancillary services, such as physical therapy, speech therapy, and occupational therapy,
  - Increased support with managing activities of daily living,
  - Increased access to chore services, such as: cooking, cleaning, laundry,
  - Improved assistance with transportation services,
  - Increased access to dental services,
  - Increased access to companion services,
  - Decreased admissions to nursing homes,
  - Decreased hospital admissions,
  - Decreased rates of elders struggling without needed supports,
  - Increased access to respite services for family members, and
  - Increased access to information and training for family members involved in meeting the care needs of their loved one.

**Recommendation 3: Develop a long-term care research infrastructure to support innovative approaches and informed policy responses to meet the challenge of providing long-term care in the 21<sup>st</sup> Century.**

Projections suggest that as baby boomers age, the number of individuals requiring long-term care services will more than double. Meeting the needs of more than 14 million individuals

efficiently, effectively, and in an agreeable manner requires planning, and planning requires research.

**Related Solutions:**

- Currently, there is no single unit within the federal government whose mission is committed exclusively to long-term care research and the advancement of long-term care services. Consequently, fractured funding streams and a scattered patchwork of professional organizations have emerged, resulting in poor dissemination of research findings, limited resources for large-scale initiatives, and a disproportionate focus on curing rather than caring for older adults. However, families tell us that they are overwhelmed with the task of providing long-term care, they are unaware of established strategies for improving their care-giving experience, and they report that they believe their loved one did not receive adequate assistance before dying. At the same time, long-term care providers report that they lack proven strategies for improving their services which would prepare them to better meet the needs of those entrusted to their care. These shortcomings are poorly addressed by promises of future medical cures. Rather, to improve long-term care and meet the needs of an aging society, a single unit is needed within the federal government whose mission is to advance the quality of long-term care services and whose primary responsibilities include the funding and dissemination of long-term care research. The creation of a single, federal unit focused on long-term care would:
  - encourage the development of innovative services,
  - establish the effectiveness of programs and services,
  - provide research-based best-practice guidelines for service delivery,
  - provide a firm foundation for long-term care research by assuring adequate investment in research, which in turn,
  - will attract researchers interested in investigating approaches to long-term care, which,
  - will increase the availability of sound, scientific research to inform public policy decisions.

Again, thank you for the opportunity to speak today. I am happy to answer any questions you may have.